

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. 10337342	FILED DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	NO	DEP	NO	DEP	NO	DEP		NO	DEP	NO	DEP	NO	DEP
1	1		1		1		31						
2		1		1		1	32						
3		1		1		1	33						
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TOTAL NO.	1		1		1		TOTAL NO.						
TOTAL DEP.	24		24		24		TOTAL DEP.						
TOTAL CLAIMS	30		30		30		TOTAL CLAIMS						